



# **Senior Dental Advisory Committee** **October 23, 2014** **Meeting Minutes**

PRESENT	ABSENT	GUESTS
Linda Reiner	Keith Clear	Chandra Vital - HCPF
Sally Ryman	Diane Brunson	Jen Weaver – AG Office
Matilda Bottenbley		Greg Hill – Colorado Dental Assoc
Carol Niforatos		Marija Weeden-Osborn
Todd Coffey		
Karen Reiplinger		
Alan Kislowitz		
Thomas Lavery - Phone		
Nancy Dolson – HCPF		Cynthia Miley - HCPF

Approximate Time	Topic	Lead
3:00 – 3:10	<input type="checkbox"/> Welcome and Introductions	<i>Chair Linda Reiner</i>
	<input type="checkbox"/> Review and approve minutes	
3:10 – 4:30	<input type="checkbox"/> Continued committee review for possible committee action: <ul style="list-style-type: none"> <li>○ Revised draft request for grant proposals</li> <li>○ Eligible senior definition</li> <li>○ Covered services and fees</li> </ul>	<i>Nancy Dolson, HCPF</i>
4:30-4:45	<input type="checkbox"/> Public Comment	
4:30 – 5:00	<input type="checkbox"/> Committee action, if ready	<i>Committee Members</i>
	<input type="checkbox"/> Wrap up and Adjournment	

**Next Meeting:** November 4, 2014; 3:00 to 5:00 PM  
225 East 16<sup>th</sup> Avenue, Denver, CO 80203  
Conference Room 6 A/B

**Linda Reiner** called the meeting to order at 3:00 p.m.

**Todd Coffey** motioned to approve minutes as written, **Sally Ryman** seconded. Motion passed

### **Presentations:**

#### **Review Request for Grant Proposal, Eligible Senior Definition, Covered Services & Fees**

- Initial contract term of state fiscal year 2015-16 beginning July 1<sup>st</sup> and then subject to available funding and performance we may renew for an additional 3 years
- Defined max allowable fee as the total reimbursement by procedure for the program
- Suggesting have procedures and fees attached to request for grant proposals as an exhibit
- Up to discretion of provider if they will charge a copayment but they cannot charge more than the maximum copay listed
- Applicants approach to identifying eligible seniors must be documented in application
- Acceptable for grantees to target individuals in their area as long as it is within some overall ceiling of eligibility
- May prioritize services towards eligible seniors most in need by considering race, ethnicity, disability status, activities of daily living scores, low income or other criteria
- May also target services to seniors who are eligible for the Colorado Indigent Care Program or Medicare Savings Program
- Medicaid expansion is for persons up to age 64
  - o Can have individuals who are on a Medicare Savings Program who are dually eligible for Medicaid.
- Allow seniors to self-declare income
- Grantees may perform a reasonable screening to determine if the senior is eligible for Medicaid or the Old Age Pension Program
- Contingent on appropriation \$3 million is available per year
- Scored and reviewed by a review panel that don't have a conflict of interest
  - o Panel will give recommendations to Executive Director
- Preference will be given to proposal that clearly demonstrates the applicants ability to outreach and identify seniors and to collaborate with community based organizations
- Added Regional distribution of funds will be a key consideration
- Recommend making grant scoring criteria an exhibit
- Do we want to allow reconsideration of the grant decision
  - o Currently the decision is final no reconsideration allowed
  - o Give reason why not awarded in notification letter
- Will be executing contracts with the grantees and their proposal will become part of their obligations
- Everything is contingent on state approvals
- Will have a conference with potential applicants before the due date to answer questions
- Applicants must include a full description of qualifications to meet the requirements
- Will want a copy of any certification or licensures they may have
- Applicant will need to supply a copy of most recent audited financial report and year to date financial statement
- Community based organizations will also need to supply a copy of their 501(c)3
- Will need copies of contracts or MOUs if applicant is contracting with another provider
- Grantees must let us know if they will be directly provider services or arranging for the provision of services
  - o If they are not a direct service provider a copy of their agreements with the providers will need to be made available

- CDPHE asks up front for all the dentists and hygienists in order to ensure licensure is still current
- If there are going to be changes to the qualified provider or key personal the Department would need to be notified
- Legislation does not require that the service provider be named
- The grantee can work with the specialist to give them the grant funding
- Grantees will need to tell us how they will identify service providers in their area and ensure there are sufficient providers for their clients
- In monthly reporting ask for names of providers who received funding
- Legislation requires grantees to collaborate with community organizations
- Will need to tell us how they will maintain records of seniors served, services provided, and money spent
- **Todd Coffey** - Some of the AAA are not non-profit so they will not be able to show their 501(c)3. For fiscal viability the 990 would be good for a non-profit
- Would like to have one of our accountants on the review panel
- Ask for documentation that demonstrates their financial viability to include audited financial report and year to date financial statements if available, first page of their 990 if applicable, and any other information that may be helpful to review committee
- Asking applicants to give an idea of how many seniors they expect to be providing service to and a cost estimate
- Fee structure included as attachment to application, Exhibit A
- Suggest leave all root canals copays at \$50
- Should review panel review applications by region
- Have reviewer consider the strength of organization in order to manage funds
- There should be a tie between the narrative and their finances
- CDPHE currently has applicants fill out a financial assessment along with application
- Page limit to keep people from over sharing
- Committee has not decided on how to separate the counties, will it be done by RCCO regions or some other distribution
- FQHCs have different service areas than what AAA have or other organizations have
- With eligible seniors we know that they can't be eligible for Medicaid, state only programs or they can't have private dental insurance, they must be age 60 or over
- Should have an income level ceiling and allow applicants to target individuals at a certain income level

### **Public Comment**

- **Greg Hill** – Received feedback from one of our members. Concern was about the monthly reporting requirements, guessing how many patients they might see. The grant process may not be of interest too or may be difficult for private practice dentists to work with. As you start prying into the financial data of a private practice dentist they may be hesitant wondering why this is needed. I think you should make it as easy as possible, works great in non-profit sector but not sure how it will translate in private practice.

### **Action Items**

- **No action items**

**The meeting was adjourned at 4:50 pm.**